a greater or less degree to the photographic process, and the cases have for the most part been carefully selected from a large quantity of material with a view of giving whatever is best suited for purposes of illustration.

The first fasciculus contains photographs representing *comedo, acne (vulgaris), lepra (tuberosa), and elephantiasis.* The first of these is, perhaps, the best picture which has thus far appeared in this collection, and is an admirable representation of the affection. The patient's face is represented in nearly or quite life size, and as if seen at a distance of eight or ten inches from the eye. The peculiar rough, greasy, thick-looking skin which usually accompanies this disease is well shown, and the portrait leaves nothing to be desired. Acne vulgaris is another very good picture, and is admirable in every respect except in the colouring, which is too vinous to be natural.

In the second fasciculus there is a well-depicted case of keloid of the face in a negro, following variola. This portrait, although smaller than those of acne, is sufficiently large, and gives a good idea of this disease. The same may be said of the picture of rosacea, though here also the artist employed to colour the photograph has given a too vinous tint to the skin. The portrait of psoriasis is a good one, representing the back, upon which some half dozen sharply defined coin-sized patches of disease are delineated. In the plate of ichthyosis, we have a disease shown where the photographic process produces, perhaps, its best effects, and, consequently, we have here a picture which leaves little to be desired.

The fourth fasciculus is in some respects the least satisfactory of those which have yet appeared. The portrait of leucoderma does not appear to have been well selected to render a good idea of this very strongly marked affection. The contrast between the hyper-pigmented and the pigmentless skin is not so well defined as it might be, and the position of the figure is too far away to give the full effect of the features of this disease. Why Dr. Fox chooses to call tinea versicolor "chromophytosis," passes our understanding. The former is the common well-known name of the disease, the one which has been adopted by dermatologists the world over, and it is, we venture to say, likely to continue in general use. An unusual name like "chromophytosis" seems, therefore, out of place in an atlas like this intended for general circulation. The affection is well portrayed.

The letter-press is very clear and satisfactory. The plan followed is that of giving a brief description of the case in small type, followed by remarks at some length upon the nature of the affection considered in general, together with the ordinary plans of treatment.

This contribution to American dermatological literature, so far as it has yet been issued, is creditable, and we trust that the future numbers of the atlas may be even still better than those which have already appeared.

A. V. H.

Art. XXXI.—*A Manual and Atlas of Medical Ophthalmoscopy.* By W. R. Gowers, M.D., F.R.C.P., Assistant Professor of Clinical Medicine in University College, etc. 8vo. pp. xii. 352. London: J. & A. Churchill, 1879.

This volume is an evidence of the growing interest of the profession in this important branch of diagnosis, and is by far the most important contribution to the subject in the English language since the publication of the well-known work of Allbutt on the "Use of the Ophthalmoscope in Diseases of the Nervous System and of the Kidneys." In his preface the author acknowledges his indebtedness to this work, and also to the writings of Hughlings Jackson, of Leber, and of Förster, and states that his "first intention was the publication of the series of illustrations of medical ophthalmoscopy contained in the appended plates, and of the cases from which they were made," but he thought "that the utility of these would be increased by the addition of a systematic account of the subject which they illustrate."

He excuses himself from consideration of the use of the ophthalmoscope in the study of the action of drugs, on account of the great diversity of statements on this subject, which would make such a chapter "merely a collection of contradictory assertions." He very properly insists on the teaching of ophthalmoscopy to students at the outset of their hospital instruction, and remarks: "Its [the ophthalmoscope's] efficient employment and still more a correct knowledge of the various appearances, are only to be acquired by a considerable amount of practice. When the student, as is now too often the case, only succeeds in seeing the optic disk just before he leaves the hospital, his knowledge of the use of the ophthalmoscope, in most cases, ends with this. Whereas the whole of his practical work in the medical and surgical wards and in the medical out-patient room supplies him with opportunities for practice and education in the use of the instrument, and the study of the various aspects of the normal fundus without any interference with other work—opportunities which, if lost, rarely return, and which are not to be found in the practice of the ophthalmic surgeon. I think, indeed, that a perusal of the account contained in the following pages, of the large number of diseases in which significant changes in the eye are common, will support the opinion that the condition of the fundus should be systematically described in medical case-taking, and it is only by early education in the use of the ophthalmoscope that such a result can be obtained."

The work is divided into two parts. In the first, the various changes in the retinal vessels, optic nerve, retina, and choroid, are carefully described, and the pathological changes to which they are due discussed with considerable minuteness; in the second, the same phenomena are again described and treated of as they occur in special diseases.

The author insists, with right, on the absolute necessity of using the direct method of examination in judging of all minute changes in the fundus, on account of the lower degree of illumination required, and of the much greater enlargement of the image thus obtained.

His remarks on retinal hemorrhage are very interesting, but on some points he seems to us unnecessarily sceptical. Thus at p. 25, we find the statement that "it is doubtful whether extravasations into the retina occur, however small, except from actual rupture of vessels." In the absence of positive proof to the contrary, it is difficult to see why red blood-corpuscles should not escape by diapedesis here as in other tissues.

Embolism of the retinal vessels is discussed minutely, while thrombosis is allotted only part of a page. The interesting observations of Michel on this subject are not alluded to, and although published in 1878, while our author dates his book 1879, had probably not reached him when the chapter was written.

Inflammations and atrophies of the optic nerve in their various forms, naturally receive a large share of attention. With Leber, he prefers to call inflammation of the intraocular end of the nerve "papillitis," to distinguish it from inflammation of the entire optic nerve. "Although the custom of employing the term '*optic neuritis*,' as a designation for intraocular inflammation, makes it inconvenient to restrict it to inflammation of the nerve trunk."

The author recognizes three stages of intraocular neuritis: 1. Slight papillitis, or congestion with œdema—obscuring but not entirely hiding the edge of the disk ; 2. Moderate papillitis obscuration of the edge of the disk, or of the affected portion, complete even to indirect examination; 3. Intense papillitis; great swelling; veins at first large, and arteries small; many hemorrhages. He does not think that at present we have any entirely satisfactory explanation of its pathology. He rejects the vasomotor theory as depending for its support chiefly on the absence of any other explanation, and quotes Leber, who says that it involves "a mechanism not known to exist, and a complex relation of the optic nerve to all parts of the brain difficult to conceive of." The theory of its production by the injection of intracranial fluids through the subvaginal space into the lymph spaces of the head of the nerve, also fails to satisfy him. "The facts of medical ophthalmoscopy certainly made it difficult to connect papillitis with increase of intracranial pressure. If we consider the cases in which intracranial pressure is raised to the highest point which it ever reaches—chronic hydrocephalus—we find optic neuritis the rare exception, and when it occurs, never intense." That distension of the sheath is certainly very common in cases of optic neuritis, he admits, but thinks that "it alone is probably insufficient to cause papillitis, but may perhaps intensify the process otherwise set up, leading to retention or augmentation of fluid in the lymphatic spaces in the eye, fluid which may in some cases possess an irritative quality."

Descending neuritis he believes to be a more common cause of papillitis than is usually allowed, and suggests that "a condition of irritation may be propagated down the nerve which cannot be recognized by the microscope, but which, reaching the papilla, may excite a papillitis."

As regards the frequency with which papillitis occurs in cases of intracranial tumour, Dr. Gowers thinks that the statistics of Annuske and of Reich (giving 93 per cent.) are exaggerated, and that it really occurs in about four-fifths of the cases (80 per cent.).

He gives some interesting cases, showing the very various periods of the disease in which it may manifest itself. Thus at p. 79 he relates two cases where the papillitis preceded by several months all other symptoms of brain tumour; and on the other hand, at p. 129, a case of Dr. Jackson's, where the patient had symptoms of cerebral tumour for nine years, and a development of neuritis only six weeks before his death. He very properly remarks that, in many cases, "optic neuritis is a transient event in the history of cerebral tumour, and not a constantly associated condition," and details a case where neuritis came on and lasted only six weeks, after which the disks became normal, and continued so till death.

At p. 155 we have a discussion of the changes of the optic disks after injuries of the spine, in which, while admitting that in some cases of spinal injury ocular changes supervene, he justly remarks, "that the scientific relations of the subject have not escaped the sinister influence which litigation exercises on the investigation of facts ; and there is no doubt that the pathological nature of many of the appearances described in these cases, has been the result of an affection of the mind of the observer, rather than of the eye observed."

It is an ungracious office to point out defects in so good a work, but when we read, at p. 85, of the ophthalmoscope of Helmholtz consisting of thin plates of *tinted* glass, we should, were it not for the general thoroughness of the book, think that the author had never used this form of the instrument. On the preceding page the statement that "wasting" of the fibres of the optic nerve occurs "when complete opacity has rendered the cornea or lens for a long time impermeable to rays of light," will be read with astonishment by all ophthalmic surgeons, many of whom have had an opportunity in their own practice of seeing good sight restored after ten and twenty years' blindness from cataract.

Appendix III., containing the detailed histories of fifty illustrative cases, is a valuable addition to the work.

The atlas is bound up with the book, and consists of two coloured plates, ten autotype plates of sepia drawings, and of four plates of microscopic appearances. In our judgment the reproductions of the sepia drawings are the most successful. The coloured plates present, of course, many more difficulties, both in the original water-colour and in its chromo-lithographic reproduction, and the marvellous beauty and fidelity of those published by Jaeger in his *large* atlas, have perhaps made the ophthalmoscopic world unduly critical of all subsequent productions.

In conclusion, we can cordially recommend the book to all readers who desire to possess a careful and well-digested work on medical ophthalmoscopy. W. F. N.

ART. XXXII.—*Statistics of Placenta Prævia collected from the practice of the Physicians in the State of Indiana.* By ENOCH W. KING, M.D., Galena, Ind. 8vo. pp. 50. 1879.

HAVING been engaged in doing the same self-denying work in another line of the obstetric art, we can sympathize with Dr. King in his disappointments, and commend him for his perseverance and success. To collect statistics by means of circular letters, after having tabulated all the cases that have been published, is a laborious self-imposed task; but it is the only method by which such records can ever be made valuable as the means of conveying the whole truth. There is a real pleasure in this kind of a hunt, which is only secondary to some other forms of the same recreation, and an inward satisfaction when we feel that we have not only completed our task, but left nothing undone to make it a thorough representation of past successes and failures. Statistics are often decried, and characterized as of little or no value, because they fail to present the whole case in question; but we are happy to know, and feel, that there are a few exceptions which will not be placed in this list.

Dr. King presents us with a table of 112 cases, in a form which enables us to comprehend their true character as to danger, methods of treatment, and results. What we require to know is not so much the skill of a Robert Barnes in saving nine out of ten cases, as the result of the general practice of the profession, and the methods which have been most successful in saving life. We cannot all procure the implements required for dilatation, hot-water douching, etc., just when we require them; but we can learn